

or more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 211  
Registered No. 22

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rosa Pacheco { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 1-31-27  
Month Day Year

8. FATHER  
Full name Ygnacio Pacheco

9. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Dora Culebras  
(State or country) Arizona

13. Occupation Salesman  
Nature of industry Singer Sewing Machine

20. Number of children of this mother 5  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 1  
(c) Stillborn 0

14. MOTHER  
Full maiden name Rosa River

15. Residence (Usual place of abode) Globe, Ariz.  
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Wilcox  
(State or country) Arizona

19. Occupation Housewife  
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:00 A. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams  
Physician  
(Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_ Address Globe Ariz.  
Month, day, year \_\_\_\_\_

Filed 1-31-27 St. St. Horst  
Registrar

Registrar

976-131-992